

PARENTAL PIERCING CONSENT RELEASE FORM

I acknowledge by signing this release form that I hereby release _____ and its employees and agents from all manner of liabilities, claims, actions, and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to pierce by child.

I certify that I am the **parent** or **legal guardian** of the **minor** being pierced. I agree that I will assume all responsibility for any medical, legal, or other situation resulting from my request to pierce my child. I understand that I remain in the presence of this minor during piercing procedures.

I understand that my child will be pierced using appropriate instruments and techniques. I understand that this type of piercing usually takes _____ or longer to heal. I have signed this release on _____, 20_____..

Adult's relation to Minor: _____

Parental/Legal Guardian:

ID Type: _____	ID number: _____
Date of Birth: _____	

Minor:

ID Type: _____	ID number: _____
Date of Birth: _____	

I certify under penalty of perjury that the information herein is true and correct.

Adult's Signature: _____

Minor's Signature: _____

If single-use, pre-sterilized equipment is used please, provide Lot/ID number.

Artist: _____ Lot/ID #: _____